

FOR  
FCC  
USE  
ONLY

## FCC 313

### APPLICATION FOR AUTHORIZATION IN THE AUXILIARY RADIO BROADCAST SERVICES

(Carefully read instructions before filling out form.)

#### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form, as well as the form itself, will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to Commission Rules. The foregoing notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e)(3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

FOR COMMISSION USE ONLY

FILE NO.

#### 1. APPLICANT NAME

MAILING ADDRESS (Line 1) (Maximum 35 characters)

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

STATE OR COUNTRY (if foreign address)

ZIP CODE

TELEPHONE NUMBER (include area code)

CALL LETTERS

OTHER FCC IDENTIFIER (if applicable)

#### FOR MAILING THIS APPLICATION, SEE INSTRUCTIONS

2. A. Is a fee submitted with this application? ☐ YES ☐ NO

B. If No, indicate reason for fee exemption (see 47 CFR Section 1.1112) and go to Question 3.

☐ Governmental Entity

☐ Noncommercial educational licensee

☐ Not for profit

C. If Yes, provide the following information:

Enter in Column (A) the correct Payment Type Code for the service for which you are applying. Payment Type Codes may be found in the "Mass Media Services Fee Filing Guide" and the "Wireless Telecommunications Bureau's Fee Filing Guide". Indicate the Quantity in Column (B). Enter in Column (C) the result obtained from multiplying the value of the Payment Type Code in Column (A) by the number listed in Column (B).

(A) PAYMENT TYPE CODE		

(B) QUANTITY (if required)			

(C) FEE DUE FOR PAYMENT TYPE CODE IN COLUMN A
\$

(D) FOR FCC USE ONLY

Questions may be directed to the Consumer Assistance Staff at (800) 322-1117 or (717) 338-2500.

**3. CALL SIGN OF ASSOCIATED BROADCAST STATIONS**

AM \_\_\_\_\_ TV \_\_\_\_\_ City/Community of License/Operation \_\_\_\_\_ State \_\_\_\_\_  
Translator \_\_\_\_\_ FM \_\_\_\_\_  
Low Power \_\_\_\_\_ Booster \_\_\_\_\_

**4. TYPE OF STATION PROPOSED (Check appropriate boxes)**

- ☐ A. Remote Pickup  
☐ Base ☐ Mobile ☐ Automatic Relay
- ☐ B. Aural Microwave Station  
☐ Intercity Relay ☐ STL ☐ Booster
- ☐ C. TV Microwave Station  
☐ STL ☐ TV Relay ☐ Pickup ☐ Translator Relay ☐ Booster
- ☐ D. Low Power Auxiliary Station

**5. PURPOSE OF APPLICATION (Check appropriate box)**

- ☐ A. New Station ☐ B. Modification of existing authorization ☐ C. Reinstatement of expired license  
☐ D. Other (Specify) \_\_\_\_\_

**6. NATURE OF PROPOSED CHANGES**

Call sign of existing station \_\_\_\_\_ Base station being modified: No. \_\_\_\_\_

- ☐ Change frequency ☐ Relocate station ☐ Replace equipment  
☐ Change Antenna System ☐ Add base station (No. \_\_\_\_\_) ☐ Other (Specify in Exhibit No. \_\_\_\_\_)  
☐ Change Power ☐ Change number of mobiles

**7. FACILITIES REQUESTED (If more space is needed, attach as Exhibit No. \_\_\_\_\_)**

**A. Frequency(ies) (MHz)/Bandwidth (kHz) and Emission Type**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**B. Power (watts)**

Transmitter Power Output (TPO): \_\_\_\_\_ v  
Antenna Input Power: \_\_\_\_\_ v  
Effective Radiated Power (ERP)  
(Remote Pickup and Aural Microwave): \_\_\_\_\_ v  
Effective Isotropic Radiated Power (EIRP)  
(TV Microwave Stations Only): \_\_\_\_\_ v

C. For TV STL, TV Relay and TV Microwave Booster stations enter path length \_\_\_\_\_ miles; \_\_\_\_\_ km.

**8. LOCATION OF TRANSMITTING ANTENNA STRUCTURE (Fixed Station)**

A. Number and Street: (or other specific indication)		
B. City:	C. County:	D. State:
E. COORDINATES		
Latitude (Degrees, Minutes, Seconds)	Longitude: (Degrees, Minutes, Seconds)	
NORTH	WEST	

**9. LOCATION OF RECEIVERS (Fixed and Mobile Stations)**

A. Number and Street: (or other specific indication)		
B. City:	C. County:	D. State:
E. COORDINATES		
Latitude (Degrees, Minutes, Seconds)	Longitude: (Degrees, Minutes, Seconds)	
NORTH	WEST	
F. Ground Elevation AMSL (Ft.)	G. Height to Center of Receiving Antenna (Ft.)	

**10. MOBILE SYSTEMS INFORMATION**

A. Mobile Area of Operation	City:	County:	State:
B. COORDINATES OF THE CENTER AREA			
Latitude (Degrees, Minutes, Seconds)		Longitude (Degrees, Minutes, Seconds)	
NORTH		WEST	
C. Radius of operation from these coordinates Miles: km:			
D. Number of Mobile Units Requested:			
<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-19 <input type="checkbox"/> 20-44 <input type="checkbox"/> 45 or more (specify expected maximum)_____			

11. If any of the circumstances in Instruction 11 apply, attach as Exhibit No. \_\_\_\_\_ detailed statements.

12. Supply the following transmitting antenna information (Review instructions) \_\_\_\_\_

A. Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Antenna Gain: \_\_\_\_\_ Elevation Angle: \_\_\_\_\_  
 Antenna Polarization: \_\_\_\_\_ Beamwidth (3db or 1/2 power point(s)): \_\_\_\_\_

B. Overall height above ground of this antenna structure: \_\_\_\_\_ ft.

C. Give the ground elevation above mean sea level at the antenna site. \_\_\_\_\_ ft.

D. Elevation above ground of antenna center of radiation: \_\_\_\_\_ ft.

E. Antenna sketch figure \_\_\_\_\_. Passive reflector information attached as Exhibit No. \_\_\_\_\_

F. If this is a directional antenna, give azimuth of main lobe: \_\_\_\_\_

13. A. Is the antenna to be mounted on an existing antenna structure? ☐ Yes ☐ No  
If Yes, answer items 13B, C, D and E.
- B. Will the antenna increase the height of the existing structure? ☐ Yes ☐ No  
If Yes, by how many feet? \_\_\_\_\_ ft.
- C. Name of current licensee using structure: \_\_\_\_\_
- D. Current licensee's radio service: \_\_\_\_\_
- E. Current licensee's call sign: \_\_\_\_\_

**14. TRANSMITTING EQUIPMENT AUTHORIZATION**

- A. For Remote Pickup, Low Power Auxiliary or TV pickup systems, is transmitter type accepted? ☐ Yes ☐ No
- B. For Aural STL/Intercity relay, TV STL, TV relay or microwave booster stations, is transmitter authorized under the type acceptance or notification procedure? ☐ Yes ☐ No
- C. If the answer to either of the above questions (14A or 14B) is "No", give reason for your response:
- ☐ Equipment is grandfathered (see 47 CFR Sections 74.451(e), 74.655 and 74.851(d))
- ☐ TV pickup station operating with a peak output power not greater than 250 mW

15. Has the FAA been notified of proposed construction on FAA Form 7460-1? ☐ Yes ☐ No  
(See 47 CFR Part 17)
- If Yes, give date filed and FAA Regional Office (City) \_\_\_\_\_  
and Name of Organization filed under \_\_\_\_\_

16. Is there a Local Broadcast Auxiliary Coordinating Committee in the area of operation? ☐ Yes ☐ No  
If Yes, and the Committee has been contacted, give the person(s) contacted and their phone numbers, including area code.

**17. ENVIRONMENTAL STATEMENT (See 47 CFR Section 1.1301 et seq.)**

- Would a grant of this application be a major action as defined by 47 CFR Section 1.1307(a)? ☐ Yes ☐ No  
If Yes, attach as Exhibit No. \_\_\_\_\_ the statement as required by 47 CFR Sections 1.1308 and 1.1311.

18. Describe briefly the primary broadcast-related purpose of the requested authorization, attached as Exhibit No. \_\_\_\_\_.
19. For television auxiliary stations, state the anticipated percentage of time for which the station will be used for secondary uses. (Secondary uses are transmissions of material at times when the station is not being used to transmit program material to its associated broadcast station.) \_\_\_\_\_ %
20. For television auxiliary licensees, attach as Exhibit No. \_\_\_\_\_ a list of the total number of existing auxiliary authorizations and indicate the combined percentage of time for which these stations are presently used for secondary uses.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. THE APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any application with which it may be in conflict. THE APPLICANT acknowledges that all statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as if set out in full in the application.


#### CERTIFICATION

I certify that:

- 1) The statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.
- 2) Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C., Section 862, because of a conviction for possession or distribution of a controlled substance.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

(Do not sign until all exhibits have been prepared and attached)

<b>TYPED SIGNOR NAME:</b>	
<b>SIGNATURE:</b> 	<b>DATE:</b>

Check one box for appropriate classification:

- ☐ Individual Applicant
- ☐ Officer and Member of Corporation
- ☐ Member of Partnership
- ☐ Official of Government Agency
- ☐ Officer of Corporation

For further information, FCC should contact:

Name: \_\_\_\_\_

Telephone No.: (     ) \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 5.166 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing the burden to Federal Communications Commission, Records Management Branch, AMD-IM, Washington, DC 20554, Paperwork Reduction Project (3060-0028) or via the Internet to [dconway@fcc.gov](mailto:dconway@fcc.gov). DO NOT SEND COMPLETED APPLICATIONS TO THIS WASHINGTON, DC ADDRESS. Individuals are not required to respond to a collection of information unless it displays a currently valid OMB control number.